

CHAPTER 7 BILLING PROCESS

7.1 Billing Policy

- A. Payments are contingent on availability of funds. The NICP will notify Contractors when allocated funds are exhausted.
- B. The NICP "Request for Participation" or CSHCN form must be received by ADHS before any request for payment is considered.
- C. Services for infants who are not NICP must be billed as OCSHCN or NBS as appropriate.

7.2 Billing Procedures

- A. Within 30 days after the end of each month of service, the Contractor shall submit the monthly Invoice for Community Nursing Services. The CNS invoice is located at the end of this section.
- B. Copies of the Community Nursing Service visit reporting form and the summary log shall be sent in with the monthly invoice.
- C. Each Contractor has a unique Contract Number and Purchase Order number. These numbers must be included on all Contractor invoices and correspondence to ADHS.
- D. The time period, Contractor's name and address must also be entered in the stated blocks on the form. The invoice must contain the original signature of the Contractor's authorized representative
- E. The Program Manager's Signature line in the bottom left hand corner of the page is for payment authorization by ADHS
- F. OCSHCN and NICP charges are separated to facilitate allocation to the appropriate funding source.

G. The original invoice should be submitted to:

**Community Nursing Services
Arizona Department of Health Services/BWCH
150 North 18th Avenue, Suite 320
Phoenix, AZ 85007**

7.3 Billing Definitions

Contractors are reimbursed for managing the care of each infant referred for services per the conditions of the contract. Home visitors are required to provide services according to the needs of the infant/toddler and family based on risk assessment. Unit billing rates are reflected in the Provider contract price sheet and are defined as follows:

7.3.1 Location

- **Local** – Total miles from one point to another that do not exceed 30 miles. I.e.): from office to home visit, or from CHN home to first visit, or from visit one to visit two.
- **Out-of-town** – Total miles between two points that exceed 30 miles but remain within the county.
- **Out-of-County** – Outside of the contracting county

Home visitors must write in mileage on the visit form for any visit that is considered out of town (over 30 miles one way), or Out of County.

7.3.2 Type of Visit

- **Interim** – Usually shorter in duration. Does not require a full assessment of child. (i.e. weight check, follow-up on feeding issues, etc.)
- **Regular** – Full medical/developmental/environmental assessment
- **Staffing** - Multidisciplinary visit (participation in IFSP, joint visit with another discipline, Foster Care Review Board, CPS staffing, a nurse making a home visit with a health professional when the nurse IS NOT doing a full assessment of the child, etc.). The family is usually present.

- **Bereavement** – Counseling and referral to appropriate community resources (can occur in the hospital or in the home). There are not to be more than two bereavement visits per family.
- **Pre-Discharge** - Visit with the infant/family in the hospital for the purpose of orientation to the program and discharge planning, **and charged at the “local” “regular” rate.**
- **Shadowing/training visit**-ADHS recognizes that one of the best ways to learn a new skill is through hands on training. Therefore ADHS is willing to reimburse the contractor, for each newly hired CHN, Social Worker, or EI to shadow visit an existing program nurse. The contractor shall be reimbursed 50% of the visit rate charged by the CHN (not the mileage rate for the person shadowing), and SHALL NOT EXCEED 5 shadow visits per new hire.
- **Family Visit**-Often times a CHN or social worker is making a visit that addresses social or emotional concerns of the family. This visit does not include a full assessment of the infant or infants. The visit form should indicate that this is a family visit. This would be billed as a single visit regardless of the number of children in the family.

7.4 Approval Process

- A. Reimbursement for training other than required business meetings requires prior approval by the Community Nursing Service Manager
- B. All information contained on the following invoice sample must be included.

INVOICE

Payable To: Contractor's Name: _____ Contractor's Address _____ City _____ State <u>AZ</u> Zip Code _____ EIN Number _____	P.O. Number: _____ Contract Number: _____ Time Period Covered by this Invoice: From _____ To _____
Submitted to: ADHS Office of Women's and Children's Health Community Nursing Services 150 North 18 th Ave, suite 320 Phoenix, Arizona 85007-3242	Contractor Certification I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures are valid, based upon our official accounting records (book of account) and are consistent with terms of the contract. It is also understood that the contract payments are calculated by the Department of Health Services based upon information provided in this report. _____ Authorized Contractor's Signature/Title/Date

Current Billing

Unit of Service	Visits	Number		Unit Rate	Total	
		NICP	OCSHCN		NICP	OCSHCN
Monthly Visits	Local					
	Out of Town					
	Out of County					
	Interim					
	Staffing					
	Newborn Screen					
Monthly Training	Local					
(Attach Name of Training & Attendees)	Non-local					

Totals: _____

TOTAL DUE: _____

ADHS Program Coordinator Certification

- ☐ Performance satisfactory for payment
☐ Performance unsatisfactory, without payment
☐ No Payment Due

Program Manager Signature Date

For ADHS Use Only:	
PCA: _____	PCA: _____
Index: _____	Index: _____
Amount: _____	Amount: _____